

TITLE IV-E ASSESSMENT INITIAL REFERRAL
Maximus Statewide Eligibility Unit

Instructions: Complete this form on the child for whom Title IV-E benefits are being requested.

1. Name - Child (Last, First, MI)		2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	3. Birthdate (mm/dd/yyyy)	4. WiSACWIS OR HSRS ID Number															
5. Social Security Number	6. Date of Petition (mm/dd/yyyy)		7. Date of Removal (mm/dd/yyyy)	8. Date of Placement (mm/dd/yyyy)															
9. Placement Location																			
10. <input type="checkbox"/> Voluntary OR <input type="checkbox"/> Court Ordered	11. VPA or Order Date (If VPA, skip to No. 13.) _____ (mm/dd/yyyy)	12. Type of Order <input type="checkbox"/> TPC <input type="checkbox"/> Change of Placement <input type="checkbox"/> Extension / Revision of Disposition <input type="checkbox"/> Other - Specify: _____																	
13. Child removed from home of: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If "Other" complete the following:																			
_____ Name		_____ Address (Street, City, State, Zip Code)		_____ Relationship															
14. Provide the following information on the parent(s) of the child.																			
Mother																			
Name (Last, First, MI)		Current Address or Last Known Address (Street, City, State, Zip Code)		Telephone Number															
Name - Employer (If employed)		Address - Employer (Street, City, State, Zip Code)		Telephone Number															
Father																			
Name (Last, First, MI)		Current Address or Last Known Address (Street, City, State, Zip Code)		Telephone Number															
Name - Employer (If employed)		Address - Employer (Street, City, State, Zip Code)		Telephone Number															
15. Is the child deprived of one or both parents due to one of the following reasons?			16. Name of Child's Siblings (Last, First)																
<table style="width:100%;"><tr><td></td><td style="text-align:center;">Mother</td><td style="text-align:center;">Father</td></tr><tr><td>Continued absence</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Death</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Disabled</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Unemployment</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>				Mother	Father	Continued absence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____ _____	
	Mother	Father																	
Continued absence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	

17. Complete all of the information for each person in the home from which the child was removed.

Name	Birthdate (mm/dd/yyyy)	Relationship To Child	Social Sec. Number	Assets		U.S. Citizen/ Leg. Alien	Monthly Income	
				Source	Amount		Source	Amount
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
					\$	<input type="checkbox"/> Y <input type="checkbox"/> N		\$

18. ☐ Yes ☐ No Did the child reside at any other residence within the six months prior to the month the petition for removal of the child was filed including relatives, neighbors, mental health care facilities, etc.? If "Yes" complete the following.

Name of Placement	Type of Placement	Placement Start Date (mm/dd/yyyy)	Placement End Date (mm/dd/yyyy)

19. Provide all information for each location the child was placed after the child's removal from home, including relatives, shelters, secure detention, hospitalizations, etc.

Name of Placement	Relationship to Child (If related to child)	Type of Placement	Court Ordered	Placement Start Date (mm/dd/yyyy)	Placement End Date (mm/dd/yyyy)
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		

20. Comments regarding this case.

SIGNATURE - Worker

Date Signed (mm/dd/yyyy)

Telephone Number

County